



ANTIPLATELET DRUGS PA SUMMARY

PREFERRED	Brilinta (ticagrelor), Plavix 300mg tablets (clopidogrel), Clopidogrel 75mg tablets generic
NON-PREFERRED	Clopidogrel 300mg tablets generic, Effient (prasugrel), Zontivity (vorapaxar)

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

For Clopidogrel 300mg tablets

- ❖ Physician should submit a written letter of medical necessity stating the reason(s) the preferred product, brand-name Plavix 300mg, is not appropriate for the member.

For Effient

- ❖ Approvable for members with a diagnosis of Acute Coronary Syndrome (ACS, unstable angina, non-ST elevation myocardial infarction [NSTEMI], or ST-elevation myocardial infarction [STEMI])

AND

- ❖ Members must have undergone percutaneous coronary intervention (PCI)

AND

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to Plavix (clopidogrel) or Brilinta.

For Zontivity

- ❖ Approvable for members with a diagnosis of reduction of thrombotic cardiovascular events with a history of myocardial infarction (MI) or peripheral arterial disease (PAD)

AND

- ❖ Members must use concomitantly with clopidogrel or aspirin.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click



on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.